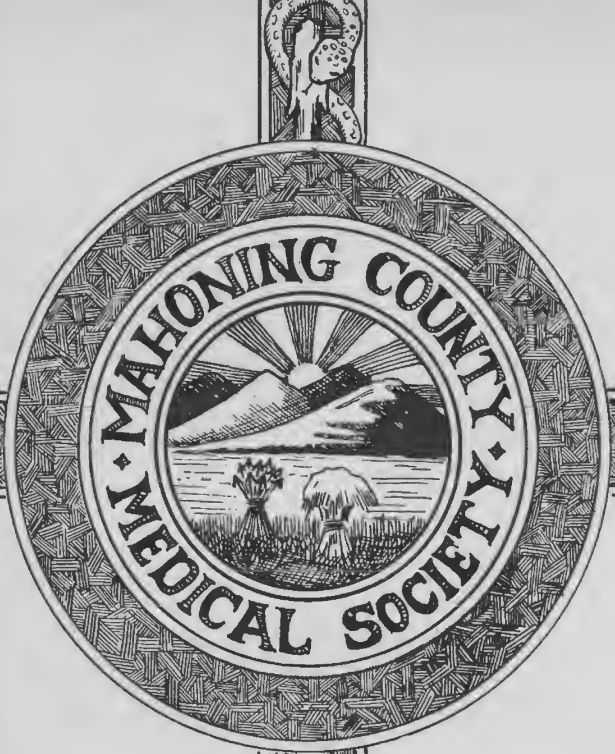

"He who would surrender liberty for security is likely to lose both."

GEORGE WASHINGTON

BULLETIN

of the

Mahoning County Medical Society

ol. IX No. 12
ecember 1939

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BULLETIN of the . . . . . .
Mahoning County Medical Society

DECEMBER 1939

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R. B. POLING, M. D., President-Elect
JOHN NOLL, M. D., Secretary
ELMER H. NAGEL, M. D., Treasurer
H. E. PATRICK, M. D., Editor

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December, 1939

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ETHAN A. PAISLEY
BUSINESS MANAGER

PRESIDENT'S PAGE

The Medical Society year is drawing to a close. We have attempted to steer a straight course with no spectacular achievements.

The Society has prospered, through no direct effort of mine. I have had a small part in what we have achieved. Our achievements have not been many but what has been accomplished has required thought and effort by all concerned. May I congratulate the entire membership on its willingness to work, that our Society may go forward. Not one individual has shirked a duty that he knew was for the unity and advancement of the common good.

We have enjoyed a brilliant array of medical talent, through the efforts of our Program Committee. No speaker was too difficult for them to approach and obtain.

Our Postgraduate Day was a huge success, due to that committee's efforts. Each member of the committee worked hard and put in long hours; their work was aided by the Publicity and Entertainment Committees and again the loyal support of the entire membership made the day.

Our Bulletin marched onward and fulfilled every promise for its existence. It is the one activity that our membership cannot do without. It has brought through its pages messages of education and learning, it has been a means of enlightening the membership of the doings of the Society. It has been well edited and managed. It has maintained its necessary circulation and advertising has been kept to a maximum. It has also lived within its income at no reduction in service to all of us. This publication is for our good and may I suggest that more personal matter be inserted and less scientific material be used, but articles read before our Society by our members and staffs should appear in our publication.

This successful year draws to a close through the efforts of a very energetic and hard working editorial staff, to which I doff my hat and say well done.

The Society entertainment has been of the best. The committee has succeeded in getting the membership together and have shown that good fellowship can and will prevail if given an opportunity.

The Lay Education and Publicity Committees have conducted very active educational programs, first, through a weekly program over WKBN and second, by furnishing speakers for many lay organizations. Both committees were very active in the Anti-Bigelow amendent program.

We have encountered a little difficulty in getting worth while news regarding our Society and its members into our National and State publications. This has been rather discouraging for our correspondent but a very good attempt was made if not successful.

The Medical Economics Committee, in conjunction with its sub-committees has done a very worth while job. Medical health plans have been formulated and medical relief has been carried forward by the program formulated by our Committee. Public Relations have been maintained at the highest.

A plan was formulated to present a Lay Educational display by the Public Health Committee but was abandoned because of cost of material and lack of proper housing facilities. This, however, is something we should look forward to sponsoring, but to do this we should have a home of our own. Our Housing Committee has studied this proposition and I do not believe the cost is too great for an Auditorium, Library, Offices and Club Rooms.

Your Public Health Committee is to be congratulated on its activity against Tuberculosis. Their work was carried on in conjunction with the Mahoning County Public Health Association. A program has been instituted whereby the incident of this disease will be much lessened.

Your Legislative Committee has worked long and hard in your behalf and have drafted many members not of their Committee who have been of valuable aid. They have assisted in defeating much adverse legislation and have been of great assistance to the State Association. You and I will never know the hours spent in doing this good job for us.

A new institution which occasioned much comment and which was aid to all who attended was the calling together every month of all Committee Chairmen. Each knew what was going on and what was expected; new ideas were presented and problems causing headaches were discussed by all. There was always a 100% turnout. May I recommend the continuation of this new procedure.

May I personally thank each Committeeman and each member of the Society for his aid and his hearty support. Many plans that were started fell by the wayside, but others bore fruit; others are still being worked out and will be turned over to my successor.

The Council of the Society has shown keen interest in all problems that were for our common good. They have always been very thoughtful and helpful, have given me loyal support and I will never be able to thank them for their assistance; this is not a one man job but the task of many, as is definitely shown by the work done by your Council.

May I sincerely wish each member of the Society a Very Merry Christmas and a Happy New Year.

May I wish the Officers for 1940 as successful a year as was enjoyed by us of 1939, for I do know that each member of the Society will give his whole hearted support to make the Society even better the coming year.

WILLIAM M. SKIPP, M. D.
President

1939

May *"Merry Christmas"* Be Your Reward

For the daily part you play, as a member of the Medical profession, in contributing to the health, welfare and happiness of our community, the Isaly Dairy Company expresses a sincere holiday wish for the merriest of Christmas days for you and yours.

Isaly's

SWAN SONG

And what shall we sing about? Dr. Skipp will summarize for you the past activities of the Society and will probably project then into the future. But it seems to me that something might well be said to the individual members of our Society.

Every organization has, roughly, two components; those who do and those who don't. It isn't the former to whom these remarks are directed. Right or wrong, he is in there giving of his best, not infrequently damned by the faint praise of the inertia of the dont's.

All of us are vitally interested and concerned with the future of medical practice. The older men in the profession are prone to pooh-pooh the need of giving much thought to the medico-social problems that are confronting the profession. They are better heeled with worldly goods, they have an established practice and most of their family obligations are behind them. The young men are confronted with the problems of establishing a practice, assuring an education for their children and insuring their old age against want. Naturally these two groups view the medico-social problems in differing lights.

The doers are formulating policies to meet these changing conditions. Are they right or are they wrong? Have they gone too far? The do-not-ers may have some worth while ideas and contributions to make. So get out and make them. Pool your ideas and formulate policies that can then be given to the public as the policy of the whole Society rather than the expression of one group.

The future of medical practice is in the hands of the medical profession of today. Your responsiveness to and handling of the changing conditions will determine whether medicine is to be a leading and constructive force in a changing society. You cannot ignore the situation. If you don't make it right someone else will. So get out to meetings, get on committees, acquaint yourselves with the problems to be solved and give of your time and thought. You are the best educated of any group in the community of which you are a part. Why not put that education to work for yourself and the community?

H. E. Patrick, M. D.

Business Meeting

for

Election of Officers

Tuesday, December 19

Youngstown Club

Don't Fail to Attend

Case History

Mr. W. M.; American, white, 63 years. (History given by wife).

Complaint: "After effects of stroke."

Present illness: Eight days ago wife noticed that patient changed in appearance and became weak and apathetic. Speech became thickened and patient became nervous. Condition remained the same until four days ago when patient suddenly developed severe pain in left arm with radiation to left side of body and leg. He became "ashen-gray" but he did not collapse or perspire. Pain lasted intermittently all day. During the past four days patient has been the same and still has the severe pain. At no time did patient complain of pain over precordium. Since yesterday patient has had an urgency but has been unable to void. Speech has been incoherent.

Family history: Mother died at age of 72, cerebral hemorrhage. One brother died of cancer of stomach. One brother died of "stroke."

Married 36 years. Wife and three children living and well.

Past history: Good health until ten years ago when he developed a "nervous breakdown" but recovered within six months. Eight years ago patient had a "stroke" with subsequent hemiplegia of left side. He recovered in three months. Three years ago he lost his "speech" but regained it within three weeks. During the past year he has been short of breath and during past months has had orthopnea. For the past several years patient has had annoying pain in the epigastrium 2 to 3 hours after almost every meal. Nausea with occasional vomiting and frequent belching.

Physical examination: T. 99.6; R. 28; P. 104; B.P. 110/74. Well developed and nourished white man who is drowsy and can be awakened only with difficulty. Skin is pale and slightly cyanotic.

Head, Ears, Eyes, Nose, Mouth, Neck—Negative.

Lungs—Clear to percussion and auscultation.

Heart—No thrill or friction. No visible increased precordial activity. L.B.C.D. 10 cm. from M.S.L. in L.C.S. 5. R.B.C.D. is substernal. Sounds are distant. Faint systolic murmur present over entire precordium. Regular rhythm. Arteries thickened and tortuous.

Abdomen—Liver palpable 3 cm. below right costal margin.

Prostate—Slightly enlarged, firm and smooth.

Extremities—Rather spastic on the left side.

Reflexes—Hyperactive on left side.

Laboratory findings: RBC 2,480,000; Hgb. 42%; WBC 9,750; Polys 83%. Blood chemistry—N.P.N. 70.5 mgms.—Urea N. 47.8 mgms.—Uric Acid 6.7 mgms. — Creatinine 1.6 mgms.—Sugar 137 mgms. Urine essentially negative except for 8-10 W.B.C. per H.P.F.

Subsequent course:

Aug. 24, 1937 — Difficulty on swallowing. Patient confused and talking irrationally. Patient dyspneic during afternoon. P. 116; T. 100.4; B.P. 114/74 at 11:00 A. M. and 130/70 at 8:00 P. M. 1,000 cc. of 10% glucose intravenously earlier during the day.

Aug. 25, 1937 — Cheyne - Stokes respirations. Patient still confused and makes no attempt to take food. B.P. 100/70 at 6:00 P. M. Dyspnea becoming more marked. At 9:00 P. M. a marked pericardial friction rub was heard, more marked over the apex of the heart. B.P. 90/70 at this time. T. 102.6; P. 120.

Aug. 26, 1937—T. 101.6; P. 120. No pericardial friction rub this A.M. Cheyne-Stokes respirations continue. Heart sounds more distant early this A.M. B.P. 90/70. Patient seems weaker and he chokes while taking small amounts of water.

Aug. 27, 1937—T. 100; P. 112. Patient much weaker and does not respond. Expired at 12:58 P. M.

Conducted by Dr. J. Noll.

WHEN TO OPERATE FOR PEPTIC ULCER*

(With some suggestions as to what operation to perform)

By JEROME SELINGER, M. D.
Associate Clinical Professor of Surgery, Columbia University, New York Post-Graduate Medical School.

I have attempted to condense in a relatively short paper the surgical indications and treatment of both gastric and duodenal ulcers.

The term "peptic ulcer" is a very compact one implying the existence of an ulcerative process in the stomach or duodenum. It served well in the early days of ulcer surgery to localize the lesion; but, as the profession has become more familiar with these lesions, it has become necessary—particularly for purposes of surgical treatment—to segregate them and to label an ulcer by the name of the organ in which it is found.

The cause of such ulceration has been the subject of research for many years. It is not my purpose to discuss it or to refer you to the many exhaustive articles that have appeared on the subject in the various journals during the past ten years. Suffice it to say that the cause is probably multiple—a variety of factors, acting together or separately, being responsible. Among these may be mentioned: (1) the constitutional factor; (2) the chemical factor; (3) the tissue factor —that is, tissue susceptibility; (4) the mechanical factor; (5) the infection factor.

The symptoms and diagnosis of ulcer are also without the scope of these remarks. Ninety-five per cent of gastro-intestinal ulceration can be correctly diagnosed with the aid of the X-ray, and the most important part of the X-ray is the proper interpretation of films in conjunction with the clinical history.

In 1913, when I came to New York to serve my internship, the treatment of peptic ulcer depended upon whether the patient fell into the hands of an internist or a surgeon. In the former case, he was never operated on regardless of the number of recurrences unless the ulcer had perforated. In the latter case, he was always operated on whether he needed it or not. A good many ulcers have come to light since those days, and in most clinics as well as in private practice a definite routine for the treatment has been established.

All ulcers—excepting those in active perforation—should be treated medically. A change in the treatment recommended should depend upon the response to the treatment or the persistence of certain symptoms and signs. From the point of view of malignancy, one is safe in prolonging the medical treatment of a duodenal ulcer. The same cannot be said in the case of a gastric ulcer, particularly if the lesion is on the greater curvature. Ulcers so located are nearly always malignant. Early and radical surgery is indicated.

The treatment of a perforated ulcer, be it gastric or duodenal, is obviously surgical. To procrastinate is to invite disaster. The sooner the operation is performed the more likely is the patient to survive. The percentage of recoveries drops rapidly if surgery is not performed within the first ten hours following perforation. The general rule in operating for acute perforation is to do as little as possible—that is, repair the perforation—and get out. A small percentage of patients so treated will need subsequent operative interference to correct obstruction resulting from the repair. Such secondary surgery is simple and is performed upon a reasonably well patient in a clean operative field. To attempt more radical surgery in the presence of a

*From the Peptic Ulcer Clinic, New York Postgraduate Hospital.

perforation will, in my opinion, subject the patient to an additional and needless risk.

In addition to perforation, surgery is recommended under the following circumstances: 1st in recurrent small hemorrhage. An ulcer that continually or repeatedly bleeds and does not permanently respond to medical treatment should be operated upon. One is safe in calling such an ulcer intractable. To continue medical treatment when the stool constantly shows the presence of blood is, in my opinion, not only flirting with the possibility of massive hemorrhage, but is sure to result in a secondary anemia which automatically delays the healing and retards convalescence when surgery is eventually resorted to. The indications here are to put the patient to bed under a strict ulcer diet and to recommend surgery as soon as he is "well." After two or more relapses in the form of active bleeding, medical treatment is most unsatisfactory. Valuable time is lost if surgery is not then resorted to.

Massive hemorrhage presents a different problem. A poor medical risk is obviously a poorer surgical risk. Palliative measures with small amounts of transfused blood are indicated. This is particularly true in individuals under fifty years of age whose arteries are still elastic. In those beyond that age, where the hemorrhage is less likely to cease automatically, immediate surgery must be contemplated.

The next indication for surgery is in unrelieved and unrelievable pyloric obstruction. A persistent five hour residue in spite of an honest and prolonged medical regime is not consistent with good health. One must not be deceived by the size of the residue previous to or in the early stages of treatment. The edema of an acute ulcer or the induration of a chronic one may cause sufficient obstruction to result in a huge five hour residue. Nevertheless, it is gratifying to note the rapidity with which such obstruction will frequently disappear upon medical treatment. When, however, the obstruction fails to completely disappear under rest and a satisfactory medical regime, then surgery should be recommended.

Suspected carcinoma is the next indication for surgical intervention. If the ulceration is in the duodenum the possibility of its being malignant need not be disturbing. The same optimism cannot be expressed regarding gastric ulceration. If on repeated roentgenological examination a niche, however small, persists, then the lesion should be considered potentially malignant and the patient should be referred for surgery. This statement holds even though the patient be clinically symptom-free.

This might be a proper place to say a word regarding the possible degeneration of a gastric ulcer into a malignant ulcer. Much has been written on this point, and the literature abounds in opinions and statistics regarding it. The facts seem to be that if an ulcer is malignant it was probably malignant from the start and had subsequently become ulcerated. There seems to be no substantial opinion to indicate that a simple gastric ulcer undergoes malignant degeneration.

A final group of patients who become candidates for surgery are those who, for any reason, do not properly respond to medical management. One could be labeled a medical failure if, after six weeks efficient treatment with co-operation, he is not much better than when treatment was instituted. These patients alternately improve and relapse but never completely recover. They are constantly subject to hemorrhage and perforation, and are chronic dyspeptics with all its implications.

All operations for peptic ulcer should aim to accomplish three things: 1—Allow a free regurgitation of alka-

line duodenal or jejunal juice into the stomach; 2—Destruction of the pyloric sphincter; 3—Removal of the lesion.

With these facts in mind and with the patient ready for surgery, one must tentatively determine what type of operation he proposes to perform. His final decision is not made until the pathology present has been inspected.

In discussing the type of operation to be performed for various gastric and duodenal lesions, one enters a field of great controversy. Here the recommendations vary from simple excision to radical removal of the first portion of the duodenum and two thirds of the stomach.

Statistics can be cited to prove the case for conservative or radical surgery; and statistics can be made to tell anything, even the truth.

The case of gastroenterostomy versus resection is a very live one. The resectionists originally claimed complete achlorhydria following operation and an insignificant percentage of marginal ulcers. Some of them also claimed that gastroenterostomy failed to cure at least 50% of the patients operated upon, and that at least 30% of the patients developed a marginal ulcer. One can understand the overzealousness of youth for a newly discovered method of treatment, but one hardly expects the mature surgeon to be carried away by his enthusiasm. Therefore, these prejudiced over-statements are gradually disappearing and each type of operation is slowly finding its proper niche in surgical history.

In attempting to determine the type of operation to be performed, one must bear in mind the fact that doudenal and gastric ulcer, while symptomatically quite similar, are nevertheless widely different in the type of tissue in which they are found, and equally dissimilar in their reaction to surgery. A few of these differences may be noted in passing. Gastric ulcer occurs in an acid media; duodenal ulcer in an alkaline one. Gastric ulcer may be malignant: duodenal ulcer is practically never malignant. And partial gastrectomy for a gastric ulcer nearly always results in relative achlorhydria; partial gastrectomy for duodenal ulcer results in achlorhydria in from 25% to 50% of the cases depending upon the type of resection resorted to.

Gastritis which so frequently accompanies peptic ulcer in Germans and eastern Europeans is seldom encountered in this country. This gastritis may be a forerunner of ulcer in these foreigners, and is undoubtedly one reason for the more or less routine gastrectomy performed by continental surgeons.

If a gastric ulcer is suspected of being malignant, anything less than a wide resection should not be countenanced. The same might be said of an ulcer on the greater curvature, for in this location most ulcers are malignant. Large calloused ulcers on either the greater or lesser curvature also call for a resection. The type of resection depends upon the freedom with which the involved organs can be manipulated and upon the operators choice. The Bilroth I or Polya operation or one of their several modifications are all satisfactory. The greatest permanent reduction in acidity probably follows the Polya technique.

When one is faced with the treatment of a small gastric ulcer on or near the lesser curvature, with or without obstruction, one enters the controversial field. Excision of the ulcer, excision plus posterior gastro-enterostomy, gastro-enterostomy without excision, and subtotal gastrectomy have all been recommended as the operation of choice. A discussion of the merits of the various operations will get us nowhere. However, no one will deny the fact that gastric resection is a more formidable oper-

Regular Monthly Meetings

January 16th, 1940

Youngstown Club

8:30 P. M.

February 20th, 1940

Youngstown Club

8:30 P. M.

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speaker

DR. GABRIEL TUCKER

from

TEMPLE UNIVERSITY
Philadelphia, Pa.

•

subject

Diseases of the Larynx and Trachea

Annual Meeting

for

ELECTION OF OFFICERS

Tuesday, December 19, 1939

Youngstown Club

•

Social Hour to Follow

•

Present officers:

R. B. POLING, President-Elect

JOHN NOLL, Secretary

ELMER H. NAGEL, Treasurer

WALTER K. STEWART
O. J. WALKER
GORDON G. NELSON } Delegates

DEAN NESBIT
EDW. J. REILLY
IVAN C. SMITH } Alt. Delegates

H. E. PATRICK, Member of the Board of Trustees of Associated Hospital Service, Inc.

Officers to be elected:

President-Elect

Secretary

Treasurer

One delegate to State Medical Assn.

Three Alternate Delegates to State Medical Assn.

Trustee to serve as Member of Board of Trustees of Associated Hospital Service, Inc., for year 1940.

•

PLEASE NOTE: The By-Laws provide that only Active members shall vote or hold office. Honorary, Non-Resident and Associate members are thereby not eligible to vote nor to hold office.

(Revised Roster on Pages 363-364)

ation than gastro-enterostomy. If the early and late results of the less radical operation, as reported from large reputable clinics, are eminently satisfactory, it would seem unwise to subject the patient to the greater risk entailed by more extensive surgery. If the anastomosis is properly made and the stoma sufficiently large, an excellent result can be expected from gastro-enterostomy. The reflux of alkaline jejunal juice into the stomach will neutralize the gastric juice, and the likelihood of gastro-jejunal ulcer will be less than 4%.

Happily in duodenal ulcer the question of malignancy is not a factor. Hemorrhage, however, when it occurs may be from one of the large branches of the pancreaticoduodenal artery and nothing short of a resection will suffice to control it. Acidity, nationality, and age are all important factors in determining the choice of operation in duodenal ulcer.

If the acidity is low, the ulcer small and relatively recent, but nevertheless intractable, excision plus pyloroplasty or gastroenterostomy should result in a cure. High acidity, posterior wall or multiple ulcers, ulcers that continually or intermittently bleed, and ulcers that result in considerable fibrosis and deformity will not respond to conservative surgery. These patients must be carefully prepared and subjected to partial gastrectomy. Duodenal ulcers in young individuals, when meeting the requirements demanding surgery, are more likely to need resection than one of the lesser operations.

There are two important reasons for some of the poor results that follow gastroenterostomy: 1. The improper selection; 2. Improper execution. A gastro-enterostomy that ceases to function after six months has obviously been poorly performed. A large stoma allowing a generous reflux of intestinal juices into the stomach should always be the aim of the surgeon. If this is accomplished, one can feel safe that gastric acidity will be greatly reduced, and the probability of marginal ulcer will not be over 4%. If symptoms recur and a marginal ulcer develops, one can always resect. As against this cushion following gastro-enterostomy, one has no recourse in marginal ulcer that develops after resection.

I regret that I am not able to bring you something new and startling regarding the surgical treatment of gastric and duodenal ulcer. However, if we are able to comfortably digest and honestly apply our current knowledge on this subject, we will have traveled a long distance towards best serving the ulcer patient.

The statements made in this paper and the conclusions drawn therefrom are based on my experience, observation, conversations, and a digest of the current literature.

THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

● From the Spokane County Medical Society Bulletin we learn that the various Medical Service Bureaus in the State of Washington are now offering complete medical coverage to over one hundred thousand people practically all of whom are in the low income brackets and a large percentage of this number have formerly been under contract to commercial clinics. Under the present Bureau plan of offering pre-payment medical care, the patient may choose from a large number of physicians and still maintain the same relationship between physician and patient as does a patient not under contract.

● Excerpts from an address by Dr. Terry M. Townsend, President of the New York State Medical Society before the Medical Society of the County of Erie: "The fate of the

patient is at stake. State Medicine is forced medicine. You'll take it and you'll like it. It is the doctor's dole, the patient's subsidy. The patient will do what he's told and the doctor will do what he's told. And the telling will be done by an office holder who wouldn't know what to do with a patient if he had one, but thinks he can tell a specially trained man how to do what he himself cannot do. The patient will give up the freedom of choice of physician for the illusory benefit of medical care he may consider to be of questionable quality because he did not have to pay anything directly to get it, though by indirect taxation he will pay plenty and never know it."

Dr. Townsend pointed to the history of ancient Rome as historical evidence that autocracy follows the excess of government paternalism, citing the regime of Julius Caesar as a dictatorship which was necessary in order to force back to work the hordes which were basking in the bright lights of Rome living on free wheat. Free wheat, he said, was instituted by Clodius and became so highly regarded that at one time the right to it was hereditary. The creation of a modern dictatorship uses modern tools, but the philosophy is the same. Destroy the people with gifts—He who leans on the State will be crushed when the State, lacking his support, totters and falls on him.

● In the Detroit Medical News Dr. Plinn F. Morse, pathologist and teacher, gives some interesting thoughts on the Clinical-Pathological Conference. He says it should be remembered that these conferences are not held to teach the technical minutae of microscopical pathology to the practical clinician. They are of value to review the medical lore, to discuss the new techniques and classifications, to put to the trial of fire the accepted methods of treatment, and to teach the specialist that there are other subjects in medicine beside those in his limited field. He says never to hesitate to enter the discussion because you fear your diagnosis may be in error . . . The most valuable discussion from the standpoint of differential diagnosis, prognosis or treatment frequently comes from a speaker who shoots wide of the diagnostic mark. Because the diagnosis is not the important thing, no fact known to the patient's medical attendants before his death should be withheld from the audience on the theory that it "gives the diagnosis away." If it does give it away there is always plenty of other teaching material in the case. A Clinical Pathological Conference is not a guessing contest with a prize to the lucky; it is a forum of medical opinion.

● Now comes the joyful Christmas season and we who live in this happy land can truly greet the celebration of our Saviour's birth with rejoicing and thanksgiving. But there must be in the hearts of all of us a sadness for the hardship and suffering being endured in other countries by men, women and children who by the accident of their birth happen to come under the oppressive hand of the dictator, or stand in the way of his conquest. There is little we can do now to help them except offer our prayers, sympathy and financial aid. We can teach others only by being the good example of a government that is free and tolerant. We can only hope that from the ashes of Europe will at last arise a lasting peace, with hates burned out by the fire of war, and tolerance built upon a realization by nations of the futility of their aggressive strivings. With fervent hope and confidence that the principles of love and humility taught by Him whose birthday we celebrate will ultimately triumph we give you our wish for a joyful Christmas and a New Year of peace.

J. L. F.

FROM THE SECRETARY

The regular November Council Meeting was held on the fifteenth of the month.

The Secretary was instructed to announce that in the recent ballot by mail for change of half-day from Thursday to Wednesday the results were as follows: For change 114 votes, against change 45 votes.

The Council also authorized that the change shall become effective January 1, 1940, and that the functions of the Society will be planned accordingly.

The application of Dr. R. W. Beede was passed. Any objection to this applicant should be made in writing to the Secretary within fifteen days.

*

Regular November Meeting

November 21, 1939

The regular meeting of the Society was held on the twenty-first of November at the Youngstown Club. Dr. Skipp called the meeting to order at 8:15 p. m., and then turned over the chair to Dr. Robert Poling, who acted as Chairman while the following motion was made, seconded and passed: "The Chairmen of the Program Committee and the Entertainment Committee are hereby instructed to plan a testimonial dinner for Dr. Wm. Skipp in honor of his election to the position of President-Elect of the Ohio State Medical Association. This dinner can be held at the discretion of the Committee."

Dr. Skipp then resumed the chair and introduced Dr. Jerome Selinger of the Post Graduate School of Medicine at New York City. Dr. Selinger gave the Scientific address of the evening speaking upon the following subject: "Surgical Indications for Gastric and Duodenal Ulcers."

Surgery is indicated under the following conditions:

1. Recurrent small hemorrhages. The recurring massive hemorrhages, especially when the patient is under fifty years of age where the arteries are more elastic, demand small frequent transfusions as a palative measure.

2. Pyloric obstruction after adequate medical treatment as shown by five hour residue of large amount by X-ray.

3. Suspected carcinoma. Under this heading the speaker stressed that duodenal ulcers are very rarely malignant while gastric ulcers, especially on the greater curvature are usually malignant.

4. Individuals who do not respond to six weeks of adequate medical treatment.

In discussing the type of operation chosen he stressed the purposes to be accomplished as three, namely,

1. Allow free regurgitation of alkaline duodenal contents into stomach.

2. Destruction of the Pyloric Sphincter.

3. Removal of the Lesion.

Following the Scientific Program the applications of Dr. Erhard Weltman and Dr. Henry Wedeles were read before the Society.

The Secretary then announced the results of the ballot by mail for change of half-holiday from Thursday to Wednesday, showed 114 in favor of the change and 45 against it. It was then announced that Council had set January first, 1940, as the date for making this change.

Those members who wish to have cards or slips announcing the change for their offices are asked to notify the Secretary so that a price can be established and each member can thereby purchase the cards and slips at a cheaper price than if ordering singly. These orders should be in before December 19, 1939.

Following the business meeting the Linde Oxygen Company had a moving picture showing oxygen therapy.

The Lyons Physician's Supply Company then gave a free buffet lunch to the society members as a compliment to the oxygen film.

JOHN NOLL, M. D., *Secretary*

ANNUAL REPORT OF THE SECRETARY

The first meeting of the Society for the year was the Annual Banquet held January 17. Dr. Jonathan Forman sounded the keynote of the timely subject of Socialized Medicine. The outcome of the courts in later acquiting the medical profession as the year rolled on was a fitting climax to our anxieties at the opening of the present year.

Each following month saw a scientific program which covered such subjects as Tuberculosis, by our own, members, again a timely subject; Thyroid Gland Disease by Dr. Curtis, Surgeon of Columbus; a Postgraduate Assembly by the University of Pennsylvania group; an Interne Competition in which few of we practicing doctors could do as well; Endocrinology by Dr. Werner of St. Louis; Fever Therapy by Dr. Walter H. Simpson of Dayton; Diabetes by Dr. Louis Newburg of Michigan; Peptic Ulcer by Dr. Jerome Selinger of Postgraduate School of Medicine, New York City, and last but not least, the special lecture course by Dr. Charles F. Geschickter of Baltimore on various forms of Cancer.

In presenting the Scientific Programs, a new innovation was instituted in presenting the lecture course on three successive days, with two lectures each day. The only comment heard concerning this was the suggestion that instead of morning and evening lectures, there be late afternoon and evening sessions.

This year saw our President, Dr. William Skipp, elected to the office of President-Elect of the Ohio State Medical Association. This is a great honor to Dr. Skipp and to our Society and will be duly celebrated at a Testimonial Dinner sometime next year.

The Council of the Society conducted many matters of business during the year. There were ten regular sessions held and four special council meetings.

Other than routine business, several innovations were adopted by the Council. The important ones included (1) The hiring of an assistant to the Secretary to be paid from the Bulletin Fund. This has proved of tremendous value for a smooth running organization, both financially and effeciently. Mary Herald has held this post and executed it admirably.

(2) The Council and the Society favored the redistricting of the State into eleven districts instead of ten; this plan was passed at the annual meeting of the Ohio State Medical Association.

(3) The Council and the Society also favored the increasing of State dues from $5.00 to $7.00 to make for a more efficient State Organization. This too passed favorably at the Annual State Meeting. Your attention is called to the fact that beginning 1940, seven dollars of our annual dues of twenty will go to the State instead of five as heretofore.

(4) Each chairman of a committee was given a book for permanent record to be passed on to the next chairman of that committee for his reference.

(5) During the last half of the year, discussion of service at the Mahoning County Tuberculosis Sanitorium has held the spot light and is still in the process of mulling.

The sixth of the important innovations made by the Society and sanctioned by the Council was the ballot by mail to change the half holiday of the Society from Thursday to Wednesday, which resulted in sanction of the change by a large majority. This change begins with the year 1940.

The seventh of the innovations made by the Society was the amending of the Constitution and By-Laws to make for more efficient running of the Society.

During the year the Society lost Dr. E. W. Cliffe, Dr. T. J. Arundel and Mr. B. W. Stewart by death. We miss them and wish to acknowledge their memories in this survey of the year.

The Entertainment of the year was ably handled and our Annual Picnic, followed by an Annual Corn Roast and Clam Bake in September, with a second successful Annual Dinner Dance in October, attests to the fact that the Committee was very busy.

The other committees of the Society have been active as their reports show and all in all it has been a year of advancement.

JOHN NOLL, M. D. *Secretary*

COMMITTEE REPORTS FOR THE YEAR 1939

Program Committee

The regular monthly meetings have been held during the year as per schedule. The attendance and interest shown is not only appreciated by the Program Committee but encouragingg to our speaker.

The changes were this year in the Postgraduate Assembly program, proved very satisfactory and beneficial to the Society.

The Fall Lecture Course a little different arrangement than heretofore, was well presented and interesting, our guest speaker being Dr. Charles F. Geshickter, of the John Hopkins Hospital, Baltimore, Md.

I should like to express my appreciation to Dr. Wm. H. Bunn, who was instrumental in getting Dr. Walter M. Simpson, who spoke to us September 19th, on Artificial Fever Therapy.

We have been fortunate in obtaining speakers whose subjects varied enough to assure interest.

JOHN N. MCCANN, M. D.
Chairman

Sub-committee on Indigent Relief

The Sub-committee on Indigent Relief wishes to make the following report for the first ten months of 1939:

From January to October of 1939 inclusive, there were 6,432 medical relief patients who were treated at an average monthly cost of 2,500 dollars or about forty cents per patient.

During the ten-month period there were 3,887 office calls, 2,108 house calls, fifty-two X-Ray, 767 Venereals, 101 Obstetrical and 165 Fee cases. There is some monthly variance in these figures but not sufficient to tabulate each month separately. Further analysis showed the dental expenses to be about 193 dollars and for drugs 550 dollars. This latter figure is inconsistent with the amounts allowed elsewhere chiefly because U. S. P. preparations have not been perscribed; needless to say that many of these would well serve the purpose with few exceptions. However, the total amount allowed for medical purposes seems insignificant when compared to other public expenditures; please refer to the Financial Report, Mahoning County for the year ending December 31, 1938.

Despite these discrepencies the Profession as a whole have been cooperative toward the present situation. The available funds have made it necessary to curtail expenditures in all relief departments, especially in the past ten months. The Medical Department under the supervision of the Committee has contributed its share permitting only those requisitions which were thought necessary; in certain instances perhaps, too strict; in others, too willing to accept the circumstances. In any event, there was probably a lack of reliable or exact information regarding

that particular case. Certainly many services are rendered which are not necessary, some neglected thru too little investigation; the latter leading to misrepresentation on the part of the patient.

In spite of these handicaps, Medical Relief has kept well within a questionable limit of expense and within a minimum of friction because there is a general realization among the Doctors that the plan is not operated for any one individual or group as a means of existence but as a means of sharing the burden of indigent relief; hoping in the very near future to arrive at some set figure the amount to be used for medical relief alone.

Month	Cost	House C.	Off. C.	Tot.P.	X-R.	Ven.	Ob.	Fee
January	2977.36	211	390	652	5	70	24	15
February	2644.71	286	358	637	5	58	6	10
March	2929.35	327	372	705	4	65	8	5
April	2445.02	210	367	617	5	80	15	5
May	2545.23	206	407	668	4	77	11	5
June	2368.36	167	390	602	5	74	13	5
July	2462.54	165	414	634	1	96	6	74
August	2682.22	153	430	685	11	96	7	23
September	2360.47	189	387	626	4	81	5	11
October	2495.92	185	372	607	8	70	6	12
	25901.98	2108	3887	6433	52	767	101	165

The present schedule is as follows:

House Call	$ 3.00
Office Call	2.00
X-Ray	5.00
Veneral	2.00
O-B	20.00
(1 post and 1 pre-natal call of $2.00)	

Fee Cases:

Tonsils	20.00
Fractures—The industrial fee has been completely disregarded; classing these as complicated and uncomplicated cases. Seldom exceeding the cost of Obstetrical care.	
Minor Surgery	5.00
	10.00

Respectfully,
JOSEPH C. HALL.

Lay Education Committee

The Committee on Lay Education during the year has conducted a series of radio talks over WKBN each Friday. These talks were given by members of our Society and some of the material was furnished by the A. M. A.

We have tried to meet all requests for speakers and the public response has been exceptionally favorable.

There has been considerable public discussion of Socialized Medicine and we have furnished speakers for Forum, Church and many other groups in this connection with rather convincing success. In all there has been about 175 public addresses by Physicians in this county during the year.

As chairman I wish to extend sincere gratitude to all the members for their co-operation in making the function of this committee a success.

LOUIS K. REED, M. D.
Chairman

Publicity Committee

The Publicity Committee has attempted during the past year to cooperate with all other committees in publicizing the meetings and the affairs of the Society. Each member of the Committee did his work faithfully.

Sincerely yours,
MORRIS S. ROSENBLUM, M. D.

Postgraduate Committee

The 1939 Postgraduate Assembly report submitted compares favorably with those in past years. Both members and guests seemed to enjoy both the Scientific Program and the Entertainment furnished them at the Hotel Ohio.

Income from the meeting exceeded expenditures by $407.83.

I wish to express my appreciation to the members of the committee who worked with me particularly Dr. Marinelli, who served ably as vice-chairman.

Very truly yours,
EDWARD J. REILLY, M. D.

Report of Legislative Committee

The year 1939 has been a very active one legislatively speaking. During the spring months, while the 93rd Ohio General Assembly was in Session, Legislative Committeemen throughout the State were called upon every week to contact Representatives and State Senators regarding various legislative activities. Several constructive and most important proposals actively sponsored by the Medical Profession were enacted into law, and a number of bad bills actively opposed by the profession were defeated. Your Legislative Committee contributed its full measure of assistance in this work. In addition to State Legislative activity, the Wagner Bill introduced into the Federal Congress, came in for its share of work, which finally succeeded in having its enactment postponed until the next session of congress. Prior to the recent election, the chief candidates for Council, President of Council and Mayor were interviewed as to their attitude on the Mahoning County Medical Society's Public Health Program, and those who were in accord were endorsed in the letter sent to the membership a few days before the election.

In all this work we would be ungrateful if we did not pay a deserving tribute for the work which has been carried on by the members of the Public Health Committee of Allied Professions. Their cooperation and advice has been a strong bulwark in all of this work and Mahoning County Medical Society is fortunate in having the cordial relationship and mutual assistance that is accorded to them through this organization.

Generally speaking, the Medical Profession of Mahoning County should be well satisfied with the legislative results of this past year, especially in view of the vicious attacks which are being made against the profession by various groups, having a tendency to confuse the thinking of the public on medical and health matters and to undermine confidence in the Medical Profession among unthinking people. So far, we have been able to stem the tide upon which Federalization of Medicine is riding, but we dare not rest on our oars, less in a state of false security the next tide which is gathering will rise and overwhelm us. Forces back of the Wagner Health Bill are working tirelessly for its enactment in 1940, having already enlisted a number of new allies for the next campaign. Therefore, the coming year promises to be a vital, if not a decisive one, in the struggle, and on its outcome depends the future course of private practice in the United States.

Respectfully submitted,
O. J. WALKER, M. D.
Chairman

Social Committee

Your Social Committee wishes to report the following functions for the year 1939:

Six dinners with the guest speakers.
One breakfast with the Post-Graduate Day speakers.
One luncheon after the regular November meeting.
The Annual Banquet attended by 184.
July Golf Party attended by 126.
Corn Roast and Clam Bake attended by 95.
The Second Annual Dinner Dance attended by 91 couples.

The comments on the success of this program will be left to the membership at large but in conclusion I wish to thank each of the following Committee Members for his willing co-operation throughout the year:

Dr. Clarence Stefanski
Dr. John A. Rogers
Dr. R. P. McConnell
Dr. E. J. Wenaas
Dr. V. A. Neel
Dr. D. M. Rothrock
Dr. W. A. Welsh
Dr. M. E. Conti
Dr. John R. Buchanan
Dr. H. A. Kling

DEAN NESBIT, M. D.

Report of Public Health Committee

The public health committee wishes to report for the year 1939:

First we have cooperated with the Mahoning Valley Tuberculosis Council in establishing a system of collective fluerography, which makes it possible for all the high-school students in the city to have X-ray films of their chests, as well as tuberculin tests. The machinery for this program is being set up now and the X-raying will be done very shortly. We are indebted to the Mahoning Valley Tuberculosis Council for the funds necessary to carry out this program.

We have also been working on a plan to have each member of the Mahoning County Medical Society establish frequent and close contacts with the families in their practices, especially those doctors who have delivered children recently in the families. It seems to us to be quite important that the doctor should follow the life of every child he delivers from the very first moment on. That would mean of course that he would take care of the necessary vaccinations which the child would have at frequent periods in his early life. He would also take care of the pre-school examination and prophylactic immunization which every pre-school child requires.

And lastly, the Public Health Committee has been thinking about the establishment of a Public Health Period in Youngstown. This period would cover about three days, and during that time all the civic and health groups in the city would cooperate in presenting an exhibit at a suitable place, where all of the things which are being done to promote Health and Good Citizenship, could be placed on exhibition, that the public might see that Youngstown is one of the finest medical health centers in the State.

Respectfully submitted,

GORDON G. NELSON, M. D.
Public Health Committee

Membership and Attendance

The activities of the Committee on Membership and Attendance consisted almost entirely of arranging for, and selling tickets for the annual banquet and dinner dance. In previous years this work was performed by the Entertainment committee.

I feel that a large measure of the success of both the banquet and dance is due to the loyal work of the members of my committee.

D. M. ROTHROCK, M. D.
Membership and Attendance

MEMBERS IN GOOD STANDING FOR THE YEAR 1939

The following list represents members of the Mahoning County Medical Society in good standing as of November 30, 1939. If your name does not appear on the list, please communicate with the office of the Secretary immediately.

Only active members in good standing will be accorded the privilege of voting at the Annual Meeting to be held Tuesday, December 19th, 1939.

SINCE ONLY ACTIVE MEMBERS ARE ENTITLED TO VOTE, OTHER MEMBERSHIPS ARE NOT LISTED.

Alden, A. H.
Allsop, W. K.
Altdoerffer, J. Allan
Askue, Chester M.
Autenreith, W. C.
Axelson, O. A.

Badal, S. S.
Banninga, H. S.
Bachman, M. H.
Baird, Julia M.
Baker, E. C.
Baker, W. Z.
Basile, J. M.
Beight, C. H.
Belinky, David A.
Belmont, M. H.
Benko, J. M.
Bennett, W. H.
Berkson, M. I.
Bierkamp, F. J.
Birch, J. B.
Boyle, P. L.
Brandt, A. J.
Brant, A. E.
Brown, J. D.
Brungard, O. D.
Buchanan, J. R.
Buchanan, J. U.
Bunn, W. H.
Bowman, Brack M.
Brandmiller, B. M.

Campbell, C. H.
Cavanaugh, J. M.
Cervone, Louisa
Clark, C. R.
Cafaro, S. Raymond
Coe, L. Geo.
Collier, W. D.
Colla, Joseph
Conti, Martin E.
Coy, W. D.
Cukerbaum, Alfred R.
Curtis, W. S.

DeCicco, Gabriel E.
Deitchman, Louis
Deitchman, Morris
DiIorio, Enrico
Dreiling, B. J.
Dulick, John F.

Elliott, Alice W.
Elsaesser, Armin
Epstein, Samuel
Evans, W. H.

Fenton, R. W.
Fisher, J. L.
Frye, A. E.
Fussellman, H. E.
Fusco, P. H.
Fuzy, Paul J.

Getty, L. H.
Goldberg, S. D.
Goldblatt, L. J.
Goldcamp, E. C.
Goldcamp, S. W.
Golden, T. K.
Goldstein, M. B.
Gustafson, C. A.

Hake, E. H.
Hall, Joseph C.
Hall, Raymond
Hardman, J. E.
Hartzell, S. M.
Harvey, J. P.
Hatcher, W. F.
Hathhorne, H. E.
Haulman, O. W.
Hauser, C. D.
Hauser, D. H.
Hawk, M. H.
Hayes, M. E.
Heberding, John
Heeley, J. H.
Herald, J. K.
Hinman, A. V.

Ipp, Herman

Jones, E. H.
Jones, W. L.

Kaufman, P. M.
Kennedy, P. H.
Keogh, Jos. P.
Keyes, J. E.
Kirkwood, E. E.
Klatman, S. J.
Kocialek, M. J.
Kramer, G. B.
Kling, Herman
Kupec, J. B.
Lander, T. A.
Lawton, O. M.
Levy, David H.
Leimbach, P. H.
Lewis, John S.
Lowendorf, C. S.

Mahar, P. J.
Mahrer, M. P.
Maine, W. E.
Malock, L. J.
Marinelli, A.
Mariner, J. S.
McCann, J. N.
McClenahan, H. E.
McConnell, P. R.
McDonough, John
McElhaney, B. B.
McElroy, W. D.
McGregor, H. P.
McKelvey, G. M.
McNamara, F. W.
McOwen, P. J.
McReynolds, C. A.
Mermis, W. O.
Merwin, F. S.
Meyer, N. N.
Middleton, R. H.
Miglets, A. W.
Miller, H. C.
Monroe, F. F.
Montgomery, D. E.
Montani, A. C.
Morrison, R. M.
Mossman, R. G.
Morrall, R. R.
Moyer, L. H.
Myers, Stanley A.
Mylott, E. C.

Nagel, E. H.
Nagle, Joseph
Nardacci, N. J.
Neel, V. A.
Neidus, M. W.
Nelson, Gordon
Nesbit, Dean
Norris, Claude B.
Noll, John

Odom, R. E.
Osborne, H. M.

Parillo, Guy A.
Patton, S. G.
Patton, T. E.
Patrick, H. E.
Phipps, L. E.
Piercy, F. F.
Poling, R. B.

Randell, Asher
Ranz, J. M.
Ranz, W. E.
Reckley, Wm. P.
Reed, L. K.
Reilly, E. J.
Renner, J. A.
Rinehart, E. C.
Rogers, John A.
Rosapepe, A. R.
Rosenblum, A. M.
Rosenblum, Morris
Rosenfeld, Joseph
Rothrock, D. M.
Russell, J. M.
Ryall, W. W.
Rummell, Russell W.

Scarnecchia, J. L.
Schmid, Henri
Scofield, Charles
Schwebel, Samuel
Sedwitz, S. H.
Segal, Lawrence
Sears, Clarence W.
Shaffer, J. W.
Shensa, Lewis S.
Skipp, Wm. M.
Sherk, A. B.
Steinberg, Myron H.
Smeltzer, D. H.
Smith, Ivan C.
Smith, P. B. H.
Sisek, Henry
Speck, M. H.
Stefanski, Clarence
Stewart, C. C.
Stewart, Walter K.
Sunday, Michael J.
Szucs, M. M.

Tamarkin, Samuel
Tamarkin, Saul J.
Taylor, W. X.
Thomas, E. R.
Tidd, A. C.
Turner, W. B.
Tims, W. J.
Tuta, Jos. A.
Vance, J. C.

Wales, Craig C.
Walker, O. J.

Wallace, C. R.
Warnock, Chas.
Warnock, G. C.

Wasilko, J. J.
Weaver, Samuel Wood
Weidermier, Carl H.
Weinberg, H. W.
Weller, L. W.
Welsh, W. A.
Welter, John A.
Wenaas, E. J.
Yarmy, M. M.
Yauman, C. F.
Young, Earl H.
Young, W. P.
Zeve, H. S.
Zervos, M. S.
Zoss, Samuel

Personal Items

Dr. W. E. Maine is at present in Chicago taking an intensive course in Surgery and Practology at the Chicago Postgraduate School of Surgery.

Dr. Morrison Belmont expects to spend about two and one-half years studying at Sea View Hospital, Staten Island, N. Y., also at New York Postgraduate Hospital. At present he is working on pathology at Sea View Hospital and will return to surgical service the first of the year. Dr. Belmont is also studying surgical anatomy and surgical technique at the New York Postgraduate Hospital.

Dr. W. K. Allsop recently resigned as Assistant Surgeon of the Carnegie-Illinois Steel Co.

Interesting Meeting

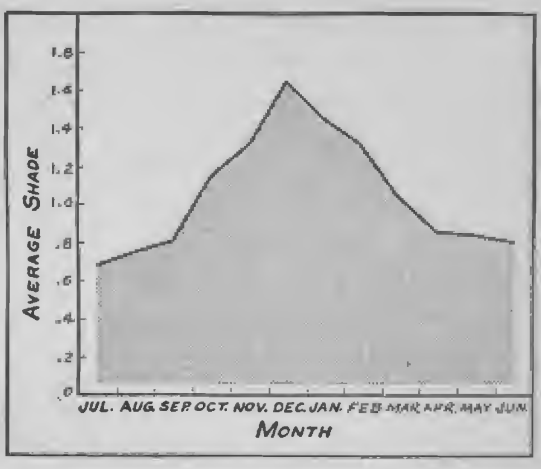
The Winter meeting of the American Association for the Advancement of Science, at Columbus, Ohio, will be held December 27, 1939 to January 2, 1940.

Care for Your Patients

In order to increase the ability of the Lyons Physicians Supply Company to better serve your patients, Hazel M. Edmonds attended the meeting of the S. H. Camp Company, Cleveland, Ohio, the first part of October. Many new models of Maternity, Postoperative and Hernia supports as well as Orthopedic Braces for ladies were shown.

WEATHER FORECAST—
HEAVY SMOKEFALL

SMOKE exerts a definite influence on the weather at this season by reducing the amount of sunlight. Beginning in September there is a steady rise in atmospheric pollution until in December it becomes double that of midsummer, according to a recent report of a two-year study made by the U. S. Public Health Service in ten of the largest American cities, representing a population of millions. One of the most surprising findings was that there is no decrease in the dust content of the air either during or after a rain.



Average atmospheric pollution in 10 large American cities, 1931-1933. It is probable that conditions are similar in many smaller cities especially where soft coal is used and wind velocity is low.

Winter Sunlight an Unreliable Antiricketic

Atmospheric pollution is but one of many forces militating against the therapeutic effects of ultraviolet rays in winter. Others, to name only a few, are cloudiness, precipitation, and clothing. In winter, moreover, it is often impracticable to give sunbaths to infants during the very time they are most susceptible to rickets—the first six months of life.

Dependable the Year 'Round
OLEUM PERCOMORPHUM

The physician can dispel uncertainty in the treatment of rickets simply by prescribing a few drops of Oleum Percomorphum daily. Each gram supplies not less than 60,000 vitamin A units and 8,500 D units (U.S.P.). This maximum vitamin potency in minimum bulk gives Oleum Percomorphum outstanding usefulness for young and premature infants. Constant bioassay and special processing of this antiricketic assure the stated vitamin potency and low percentage of fatty acids. Supplied in 10 and 50 c.c. bottles and 10-drop capsules in boxes of 25 and 100.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U.S.A.

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